

EMERGENCY SUPPORT FUNCTION 8

PUBLIC HEALTH, MEDICAL, MORTUARY SERVICES

ICS Function: Operations

LEAD: Public Health
County Health Officer
Coroner

SUPPORT: Department of Emergency Management (DEM)
Whidbey General Hospital
Whidbey General Hospital Emergency Medical Services (EMS)
Fire Districts
American Red Cross (ARC) – Island County Chapter
Hospitals, Nursing Homes, Health Care Facilities/Clinics
Commercial Funeral Companies and Associations

Washington State Department of Health
Washington State Department of Agriculture
Washington State Department of Ecology

I. INTRODUCTION

A. Purpose

To coordinate the organization and mobilization of health, medical, ministerial, and mortuary services within Island County during and emergency or disaster.

B. Scope

This Emergency Support Function (ESF) involves assistance to Island County in identifying and meeting the health, medical, and mortuary needs of victims of a major emergency or disaster. This assistance includes the following functions and tasks:

- Assessment of medical/health needs
- Health surveillance including isolation and quarantine
- Medical care personnel availability and locations
- Medical/health equipment and supplies – types, availability and locations
- Patient evacuation procedures and in-route care
- In-hospital care - facility locations, capabilities, and capacities
- Mental Health
- Public Health

- Disease vector control (rodents, insects, pests)
- Potable Water
- Wastewater and Sanitation
- Solid Waste Disposal
- Ministerial Services
- Mortuary services and victim identification, facilities and capacities

II. POLICY

- A.** Island County Public Health shall provide guidance to local government and individuals on basic public health principles involving safe drinking water, food sanitation, personal hygiene, and proper disposal of human waste, garbage, and infectious or hazardous waste.
- B.** Fire Services shall provide basic life support (BLS) and ALS. Whidbey General Hospital EMS will provide advanced life support (ALS).
- C.** All Island County mutual-aid emergency responders who provide emergency medical assistance shall operate under Island County procedures and protocols.

III. SITUATION

A. Emergency/Disaster Conditions and Hazards

Island County is vulnerable to the effects of flooding, extreme wind and storm, earthquake damage, and the possible effects of volcanic eruption. These hazards could cause damage, injury, and casualties such that hospital, clinic, pharmacies, nursing homes, and other medical care and mortuary facilities would be rendered inoperable or greatly reduced in capacity. Additionally, roads and other transport may be obstructed making transport and evacuation of the injured or already ill impossible or greatly reduced. Finally, medical supplies would be affected by increased usage, damage, lack of refrigeration, and lack of resupply. While other hazards are possible they are not expected to produce casualties to such an extent.

B. Planning Assumptions

- 1. A significant natural or technological (human-caused) disaster could overwhelm Island County medical facilities and services

requiring emergency coordination within the county and with adjacent counties and facilities.

2. The Island County hospital, nursing homes, clinics, pharmacies, and other medical and health care facilities may be severely damaged, destroyed, or reduced to a lower capacity.
3. A disaster will likely involve health threats from contaminated food and water or food and water shortages, inoperable waste disposal facilities and interruption in solid waste collection and disposal and the release of hazardous materials.
4. The damage and destruction resulting from a catastrophic natural disaster will produce urgent needs for mental health crisis counseling for disaster victims and response personnel.
5. Disruption of sanitation services and facilities, loss of power, and the massing of people in shelters and temporary facilities will increase the potential for disease and injury.

IV. CONCEPT OF OPERATIONS

A. Island County Public Health

1. If the threat to public health is of such magnitude that supplemental assistance is necessary, the state and federal governments may provide such assistance. Requests for assistance from outside the county will be made through the county emergency operations center (EOC) in accordance with established procedures in the Emergency Operations Plan (EOP).
2. Public health may provide limited medical support and sanitation services (identifying health hazards and making recommendations) to mass care facilities when activated.
3. Coordination of public health services and prioritization shall be accomplished by the Director, Public Health Department. Decisions involving medical and technical expertise shall be the responsibility of the County Health Officer.
4. Determination of critical priorities in the public health effort will be made by the County Health Officer in consultation with the Board of Health, local elected officials, and when indicated state and federal health agencies.

5. The County Health Officer in consultation with the Board of Health, County Commissioners, and Washington State Health Department will be responsible for requesting the Strategic National Stockpile (SNS).

B. Emergency Medical Services (EMS)

1. The primary objective of EMS in an emergency/disaster is to ensure that BLS and ALS systems are organized and coordinated to provide prompt, adequate, and continuous emergency medical care to disaster victims. These will include, but are not limited to:
 - a. Identification and coordination of medical resources as that relates to pre-hospital emergency medical response.
 - b. Emergency medical response to established shelters and congregate care facilities.
2. The provision of BLS and ALS services will be provided per the local EMS plans.

C. Mortuary Services

1. The Coroner has jurisdiction over bodies of all deceased (RCW 68.08.010). Procedures may vary if an incident falls under the jurisdiction of the FAA, Department of Defense, or Washington State.
2. The Coroner will coordinate support to local mortuary services as needed. Local funeral directors may assist in the processing of human remains at the discretion of the Coroner.
3. If local resources for proper handling of the dead are exceeded, the state and or federal government may provide supplemental assistance for identification, movement, storage, and disposition of the dead. The Coroner may make a request for such assistance to the DES or through the Washington State Department of Health.

D. Emergency Vital Statistics

1. The Sheriff compiles information regarding missing persons in Island County.
2. The Coroner identifies deceased persons in all of Island County.

3. Deaths are registered at the Public Health Vital Records Office. The office will provide instructions for recording of deaths under emergency conditions when normal record systems may not be available.

E. Mental Health

Mental health services and or critical incident stress debriefing will be provided as needed and as resources are available through the Human Services Department.

V. RESPONSIBILITIES

A. Public Health and County Health Officer

1. Public Health provides or coordinates health and sanitation services within the community, including:
 - a. Identification of health hazards
 - b. Identification and control of communicable diseases
 - c. Disease vector control
 - d. Ordering of isolation and quarantine
 - e. Examination of food and water supplies for contamination
2. Ensures compliance of emergency sanitation standards for disposal of garbage, sewage, and debris.
3. Assesses environmental contamination and the public health risk from hazardous material leaks and spills.
4. Provides mental health services, including stress management services for emergency responders.
5. Provides to county leadership, county government, local officials, and the public information regarding health conditions, warnings, and advisements.

B. Whidbey General Hospital Medical Services

1. As possible, provide Hospital representative to the EOC.
2. Coordinate requests for and distribution of medical supplies.

3. Prepare and submit requests for external medical assistance.
4. Track and record use of medical resources and costs for after incident cost accounting and recovery.
5. Operate the Whidbey General Emergency Medical Service (EMS) on Whidbey Island (WGH EMS does not operate off Whidbey Is.)

C. Medical Reserve Corps (MRC)

1. Medical Reserve Corps personnel may be available to augment Public Health staff at points of distribution and mass vaccination clinics. MRC may be available to augment EMS at triage points and hospital staff during surge operations.
2. MRC personnel should be considered for staffing special needs shelters.

D. Coroner/Mortuary Services

1. Assumes overall responsibility for the care, identification, and disposition of the dead during and after a disaster.
2. Determines the manner and cause of death and issue a death certificate
3. Maintains a current list of mortuaries, morgues, and other facilities for the care of the dead.
4. Selects suitable facilities for emergency morgues and ensure that qualified personnel are assigned to operate them.
5. Keeps all records, and furnish the PIO with an accurate casualty list.
6. Provides a representative from the Coroner to the EOC.
7. Establish standard operating procedures (SOP's) for disaster responsibilities as they relate to various types of disasters.

VI. RESOURCE REQUIREMENTS

The most critical requirements during the first 12 hours of an incident or disaster will be the availability and actions of medical response personnel, medical

supplies, facilities, and transport. The scope and severity of the incident or disaster will determine the real load on the medical system. Medical personnel, supplies, and equipment requirement planning is accomplished at each level of care and is not detailed here. Requests for the SNS are the responsibility of the Island County Health Officer

A. REFERENCES

Island County Public Health Emergency Response Plan,
Version 6, Feb 2008.

See, Island County CEMP Basic Plan, Appendix 3, References

B. TERMS AND DEFINITIONS

See Island County CEMP, References, Definitions and Acronyms

APPENDICES

- | | |
|------------|--|
| APPENDIX A | Island County Health Department Strategic National Stockpile (SNS) Distribution Plan, May 2009 |
| APPENDIX B | Options for initiating Quarantine or Isolation under WAC 246-100-040 |

ESF 8, APPENDIX A**ISLAND COUNTY HEALTH DEPARTMENT
STRATEGIC NATIONAL STOCKPILE (SNS)
DISTRIBUTION PLAN****I. PURPOSE**

This plan describes the process for requesting, receiving, managing, distributing, and dispensing the contents of the Strategic National Stockpile (SNS). The US Department of Homeland Defense and the US Centers for Disease Control and Prevention (CDC) manage the SNS at the national level; the Washington State Department of Health (DOH) manages the SNS at the Washington State level, and the Island County Health Department manages the SNS within Island County. The SNS is a cache of certain pharmaceuticals, vaccines, and medical supplies to assist states in their response to a localized biological or chemical terrorism event. The SNS has two major components: 12-hour Push Package (12hr PP) and Vendor Managed Inventory (VMI). The provisions of this plan apply to both components of the SNS.

II. POLICY

- A.** The Island County Health Officer will request deployment of the SNS from the DOH when the Island County Health Department or their authorized representative determines that it is necessary to protect the public health. (See attachment 1, SNS Request Letter)
- B.** Within the Island County Health Department, the following individuals may request the deployment of the SNS:
 - County Commissioners or Executive
 - Local Health Officer or designee
 - Director of Emergency Management
 - Or Alternates as designated by Authorities listed above
- C.** The State of Washington will request deployment of the SNS from CDC as soon as the Governor or his alternate (in consultation with state and local officials) determines that it is prudent to do so to protect the public health.
- D.** Within the State of Washington, only the Governor, the Lieutenant Governor, the Secretary of Health, or the State Health Officer may formally request the deployment of the SNS from the CDC.
- E.** Nothing in this plan should be construed as independent of or bypassing regular emergency management procedures. As such,

the request for SNS deployment will be made from the Island County Health Department to the Governor of Washington via the Island County Emergency Operations Center (EOC) and the Washington State EOC.

- F.** DOH will be responsible for the following SNS activities:
 1. Assess need for supplemental medications, vaccines, medical supplies, and equipment.
 2. Formally request the SNS from federal authorities.
 3. Receive and breakdown the SNS, repackage into individual unit doses, and affix labels.
 4. Ship SNS elements to the point of delivery (POD) locations designated by the Island County Health Department.
- G.** Island County Health Department will be responsible for the following SNS activities:
 - Request the SNS from DOH officials at the Washington State EOC.
 - Setup POD locations as the situation dictates.
 - Dispense medications and/or immunize residents.
 - Be responsible for, and manage SNS assets deployed to the Island County Public Health Department.

III. ASSUMPTIONS

- A.** A request for deployment of the SNS will be accompanied by a declaration of a “State of Emergency” and receipt of a mission/incident number from the Washington State EOC.
- B.** The SNS will need to support approximately 70,000 people in Island County, or potentially 1,000,000 people in Public Health Region 1.
- C.** Any event necessitating deployment of the SNS may affect residents from multiple local jurisdictions. In fact, deployment of the SNS may be part of a statewide, national, or international response to a public health threat.
- D.** From the time DOH receives the SNS, it will take approximately 12-24 hours to distribute and deliver its contents to local health jurisdictions (LHJs).

- E.** Civil unrest may occur, and should be expected in planning procedures. If civil unrest occurs, the law enforcement mobilization plan will be implemented as necessary. Mobilization will be done by local EMS or sheriff's office.
- F.** Additional supplies and logistical resources (beyond that available to Island County Health Department on a day-to-day basis) will be needed. Procurement of these resources will be coordinated through the Island County EOC in accordance with existing emergency logistics procedures. Medical supplies will be requested through the Department of Health.
- G.** A successful large-scale distribution of the SNS requires the involvement and participation of a wide-range of community organizations, businesses, and volunteers --- "A Community Response."

IV. COMMAND AND CONTROL

- A.** Situations requiring the deployment of the SNS will be managed from the Island County EOC in accordance with existing emergency management procedures. Key players involved in the request for SNS deployment, and subsequent immunization or chemoprophylaxis operations (e.g. elected officials, public health, emergency management, law enforcement, fire, EMS, hospital, public works, and public transit authorities) will be represented at the EOC.
- B.** SNS operations will be managed using the Incident Command System (ICS).
- C.** During SNS operations, the Health Officer, or designee, will serve as Incident Commander, and will provide professional medical advice concerning response activities needed to combat the disease.
- D.** The Island County Health Department will be represented at the Island County EOC by a liaison officer who can answer leadership's questions about the SNS and serve as an interface between the EOC and the dispensing/immunization clinics.
- E.** The following resource sharing agreements are in place to support SNS operations in Island County:

1. The Island County Comprehensive Emergency Management Plan
2. (Not yet fully determined/completed)

V. LIMITATIONS

- A.** Deployment of the SNS is dependent on an accurate and timely identification of the disease or bioterrorist agent that constitutes the public health threat.
- B.** Time is required to deliver the SNS to Island County, set up dispensing or immunization clinics, and staff the clinics with trained personnel.
- C.** The number of medical personnel qualified to administer vaccine or dispense pharmaceuticals, and the number of available volunteers to perform support functions, will limit the rate at which residents are treated.
- D.** The onset of disease may impact clinic staffing.
- E.** Other disease response activities (e.g. epidemiological investigation, isolation and quarantine management) will limit the number of public health staff able to participate in SNS operations.
- F.** Maintaining the potency of SNS pharmaceuticals require they be stored in an appropriate manner in accordance with manufacturer's guidelines.
- G.** Clinical operations will be limited by clinic space available.

VI. CONCEPT OF OPERATIONS

- A.** Island County Health Department will request deployment of the SNS as circumstances warrant. The decision-making process leading to that request is addressed in the Island County *Comprehensive Emergency Management Plan (CEMP)* and Tab B (*Decision-making Process*) to Appendix 1 (*Strategic National Stockpile*) to Emergency Support Function 8 (ESF 8) (*Health and Medical Services*) to the Washington State *Comprehensive Emergency Management Plan (CEMP)*.
- B.** The request for SNS deployment, while originating from Island County Health Department, will be directed to the Governor of

Washington via the Island County EOC and the Washington State EOC (Fax: (253) 512-7203). The Washington State EOC will ensure that the Governor and the Washington State DOH receive copies of the request letter. A template for the SNS request letter is at Attachment (1).

- C.** Once the SNS has been requested, but prior to approval of SNS deployment, the Island County Health Department will work with Island County Emergency Management Agencies to:
 - 1. Provide staffing and logistical support for the vaccination/prophylaxis clinics.
 - 2. Coordinate crowd and traffic control.
 - 3. Coordinate transportation for staff and community.
 - 4. Coordinate food, and sanitation needs for vaccination/prophylaxis clinics.
 - 5. Coordinate with other Island County agencies involved in the emergency response.
- D.** DOH officials will take possession of the SNS and will distribute its elements further to the Points of Distribution (PODs) specified by the affected LHJ in its SNS request letter. Potential PODs in Island County are listed in Tab A, Dispensing and Immunization Clinic Sites.
- E.** Depending upon the disease being addressed and the overall situation, the local Health Officer, or designee, may decide to immunize or provide chemoprophylaxis for populations at risk or the entire population of Island County. In the event that **populations at risk are to be treated, small to medium sized clinics appropriate to the geographic area will be activated. Should the entire population require treatment; a small number of high-capacity clinics will be activated.**
- F.** Island County Health Department will staff its dispensing and immunization clinics in accordance with Tab B, Clinic Staffing.
- G.** Island County Health Department will procure specified equipment and supplies (see Tab C- Equipment and Supplies) in accordance with existing Island County Health Department and Island County EOC procedures.

- H.** Medical and emergency response providers may receive their immunization or chemoprophylaxis before the general public in accordance with a prioritization determined by the local Health Officer, or designee.
- I.** LHJs will dispense SNS elements to the public in accordance with Tab D (Dispensing Clinic Operations) and Tab E (Immunization Clinic Operations). Special efforts will be made as indicated to treat individuals who cannot travel to clinic sites (e.g. jail inmates, nursing home patients, shut-ins, disabled, etc.).
- J.** State and local authorities will coordinate their activities via emergency management channels throughout the incident to ensure additional resources are allocated as required.
- K.** Labeling of Prescriptions:
 - 1. The Reception Storage and Staging (RSS) facility operated by DOH will label SNS pharmaceutical prescriptions in accordance with State and Federal regulations. The majority of the information on the labels will be prepared at the RSS by DOH, and the State Health Officer will be identified as the prescriber.
 - 2. Staff at the Island County Health Department clinics will need to annotate the patient's name on the labels when they dispense the drug, or have the recipient write his or her name on the label.
 - 3. The Name, Address, Phone, Health History (NAPH) form will be used to track drugs and drug recipients. Forms will be completed by everyone who receives protective medicine, as well as by parents of minor children or authorized representatives of individuals unable to complete the forms.
- L.** Security at the vaccination/prophylaxis clinics will be provided by local law enforcement and/or LHJ staff and volunteer staff coordinated by the clinic Security Chief.
- M.** Public information initiatives will be coordinated through the Joint Information Center (JIC), in accordance with existing Island County EOC procedures.
- N.** All medical wastes will be disposed of following the guidelines provided by DOH.

- O.** All sharps will be disposed of in rigid sharps containers that will be sealed following use.
- P.** Appropriate medical waste will be “red-bagged,” and placed in watertight, puncture resistant containers for transportation. Other wastes will be disposed of in the trash at the clinic site. Medical waste will be disposed in accordance with normal procedures. A medical waste contractor will be contracted to provide special pick-up at the clinic site.
- Q.** Cessation of Operations. The decision to return to normal operations will be determined by the Health Officer, or designee, following consultation with Department of Health, local hospitals, health care professionals, and community partners on the status of the event that caused activation of the SNS.
- R.** Procedures to be used in monitoring, recovering, and re-deploying the assets of the SNS are found in the Island County *Comprehensive Emergency Management Plan (CEMP)* and in Tab F (*Monitoring, Recovery and Termination*) to Appendix 1 (*Strategic National Stockpile*) to Emergency Support Function 8 (ESF 8) (*Health and Medical Services*) to the Washington State *Comprehensive Emergency Management Plan (CEMP)*.
- S.** State, local, and hospital officials have a responsibility to train staff, as appropriate, on the concepts and procedures contained in this plan and in relevant state and federal plans, which support this plan.
- T.** Provisions for orientation, training, and drilling of staff are covered in Tab G (*Orientation, Training, and Drills*) to Appendix 1 (*Strategic National Stockpile*) to Emergency Support Function 8 (ESF 8) (*Health and Medical Services*) to the Washington State *Comprehensive Emergency Management Plan (CEMP)*.
- U.** The Island County Health Department, supported by DOH and regional training and educational staff, will develop a training plan and program to ensure Island County Health Department and volunteer clinic staffs are aware of the concepts behind the plan and their specific roles and responsibilities. Because of staffing limitations in Island County Public Health Department, most clinic positions will be filled by volunteers. Island County Public Health Department will identify primary and alternate staff for the following positions to act as trainers for volunteers:

On-scene Commander
Logistics Chief
Supply Supervisor
Medical Records Chief
Data Entry Supervisor
Security Chief
Human Resources Coordinator
Operations Chief
Triage Supervisor
Education Supervisor
Registration Supervisor
Pharmacist (from volunteer source)

Effectiveness of training will be evaluated through periodic exercises and drills.

VII. RESPONSIBILITIES

- A.** The Island County Health Department is the lead agency Island County concerning SNS operations. The Island County Health Department is also responsible for a periodic review of this plan, training Dispensing and Immunization Clinic personnel, and exercising the plan.
- B.** Other Island County agencies will perform support functions as assigned in accordance with the local jurisdiction Emergency Operations Procedures and relevant Emergency Operation Procedures. Specific responsibilities include:
 - 1. Law enforcement will provide security and traffic control at clinic sites, in accordance with local EOPs. The Island County Director of Emergency Services will provide vehicles to support required transport of equipment and supplies, in accordance with local EOPs.
 - 2. Director of Emergency Services will direct the Island County EOC and coordinate emergency response activities in accordance with local EOPs.
 - 3. Public transit will transport clinic staff and patients to/from clinic sites as necessary.
 - 4. Fire and Emergency Medical Services (EMS) will support clinic operations, as required and in accordance with local EOPs.

LISTING OF TABS

TAB A Dispensing and Immunization Clinic Sites

TAB B Clinic Staffing

TAB C Equipment and Supplies

TAB D Dispensing Clinic Operations

TAB E Immunization Clinic Operations

LISTING OF ATTACHMENTS

SNS Request Letter

SNS Plan, Appendix A, TAB A

[LETTERHEAD, AS APPROPRIATE]

[INSERT DATE]

From: [INSERT AUTHORITY WITHIN THE JURISDICTION AUTHORIZED TO REQUEST THE SNS]

To: Governor, State of Washington

Via: Washington State Emergency Operations Center

Dear Governor [INSERT NAME OF CURRENT GOVERNOR],

1. Island County Health Department is currently responding to an outbreak of [INSERT DISEASE/BIOTERRORIST AGENT]. The Washington State Emergency Operations Center (EOC) has assigned mission number [INSERT MISSION/INCIDENT NUMBER] to this incident. Request deployment of the Strategic National Stockpile (SNS) to the Island County Health Department to combat the outbreak.

2. Pharmaceuticals and associated supplies are needed to [IMMUNIZE/CHEMOPROPHYLAXIS] [INSERT TOTAL NUMBER OF INDIVIDUALS TO BE TREATED]. Specific items needed include:

- a. [INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]
- b. [INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]
- c. [INSERT SPECIFIC DRUGS AND SUPPLIES NEEDED]

3. Please deliver the SNS materials to the following clinic site(s):

- a. [INSERT NAME OF CLINIC & NUMBER OF DOSES REQUIRED AT THAT SITE]
- b. [INSERT NAME OF CLINIC & NUMBER OF DOSES REQUIRED AT THAT SITE]
- c. [INSERT NAME OF CLINIC & NUMBER OF DOSES REQUIRED AT THAT SITE]

4. This activity is being managed through the Island County Emergency Operations Center, which can be reached at (360) 240-5572.

Sincerely,

[INSERT SIGNATURE BLOCK FOR ENTITY MAKING THE REQUEST]

Copy to:

Washington State Department of Health

Local Strategic National Stockpile/Mass Storage (Receiving) Facility

County: Island County

Facility: Oak Harbor Public Works Facility, 1400 NE 16th Ave, Oak Harbor, WA 98277

Facility Owner: City of Oak Harbor

Primary Point of Contact

Name: Richard Tyhuis
Title: Publics Works Facility Manager
Day Phone: (360) 240-4798
Evening Phone: (360) 675-7027
Cell Phone:
Pager:

Facility Capacity:
Sq. Ft., etc.:

We have signed an agreement with the City of Oak to use the city's public works facility to off-load and store the Strategic National Stockpile (SNS) supplies required to accommodate the 70,000 population of Island County. From this facility, we will disperse supplies as needed to the three clinic sites in Island County that we have identified for distribution/ administration of the medications/immunizations. This single storage facility has copious storage capacity, is chain-link fenced and gated with a single entrance. We have arranged for access 24/7, and for law enforcement guarding of the facility during such time as SNS supplies are located therein.

This permits single-point inventory control and distribution to our "clinic" sites from which we have been delivering community mass immunizations for the past several years. These clinic sites are located in North Whidbey, South Whidbey and on Camano Island, and have excellent traffic flow control and ample parking. The community is already familiar with these sites.

The identified sites for delivering community mass immunizations are listed as follows:

Camano Island: Country Club Fire Station
(360)
1326 S Elger Bay Rd
Camano Island, WA 98282

North Whidbey: (360) 675-8188	Church of Jesus Christ and Latter-Day Saints 201 NE O’Leary St Oak Harbor, WA 98277
Central Whidbey:	Coupeville Recreation Hall N Coveland Ave Coupeville, WA 98239
South Whidbey:	Trinity Lutheran Church (360) 331-5191 525 Woodard Rd Freeland, WA 98249

SNS, Appendix A, TAB B

Local Strategic National Stockpile/ Mass Clinic (PERSONNEL)

The staffing of these facilities will largely be with volunteers. We are presently soliciting the names of all licensed health care professionals residing in Island County, but as of yet the names of those potential volunteers and identified contacts have not been received. The administrative staffing for these four facilities will largely come from the Island County Health Department, Whidbey General Hospital, and some of the physician's office staffs.

Until local volunteer staff resources are identified, Island County will have to do what needs to be done with what resources are available, that is: Island County Health Department, Whidbey General Hospital, and some of the physician's office staffs.

Local pharmacists will also participate will also participate in distribution/administration of medications and vaccines to the extent possible.

SNS, Appendix A, TAB C

Local Strategic National Stockpile Planning (Equipment & Supplies)

Insofar as we expect only Pharmaceuticals will be distributed to the local health jurisdiction, we have anticipated no unmet needs in the area of Equipment and Supplies in order to receive, distribute and administer SNS supplies. Receiving and Holding of SNS supplies has been addressed, and distribution requirements locally can be met with local resources.

SNS, Appendix A, TAB D

Local Strategic National Stockpile Planning (Dispensing Clinic Operations)

Island County Health Department personnel have for years have conducted mass immunization clinics in collaboration with the local district hospital staff personnel at three “clinic” sites in Island County. We anticipate using these same sites for distribution of SNS medicines in the event this is necessary.

Local Pharmacy Directors have agreed, to extent they are permitted, to participate in the distribution of drugs and/or vaccines which will be delivered to them from the SNS supplies by assigned Island County Health Department staff personnel. They have and will use the “Clinic Information” and the “Local SNS/Mass Clinic Facility Worksheet” located in this TAB.

WE HAVE NOT YET FORMALIZED A LISTING OF SUPPORT PERSONNEL REQUIRED TO MEET PERSONNEL NEEDS FOR OPERATING FROM ALL THREE CLINICS SIMULTANEOUSLY, BUT ARE WORKING TO ACCOMMODATE THIS NEED. THIS WILL BE A JOINT EFFORT OF THE ISLAND COUNTY HEALTH DEPARTMENT, WHIDBEY GENERAL HOSPITAL STAFF MEMBERS, AND LOCAL MEDICAL CLINIC PERSONNEL.

PUBLIC WILL BE NOTIFIED OF DISTRIBUTION SITE SITES BY LOCAL PUBLIC RADIO AND THE LOCAL PUBLIC TELEVISION CHANNEL, AS WELL AS BY FLYER IMMEDIATELY POSTED IN PROMINENT PUBLIC LOCATIONS.

APPENDIX B

OPTIONS FOR INITIATING QUARANTINE OR ISOLATION

WAC 246-100-040 Procedures for isolation or quarantine.

(1) At his or her sole discretion, a local health officer may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with subsection (3) of this section, or may petition the superior court *ex parte* for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with subsection (4) of this section, provided that he or she:

(a) Has first made reasonable efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, or has determined in his or her professional judgment that seeking voluntary compliance would create a risk of serious harm; and

(b) Has reason to believe that the person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

(c) Has reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.

(2) A local health officer may invoke the powers of police officers, sheriffs, constables, and all other officers and employees of any political subdivisions within the jurisdiction of the health department to enforce immediately orders given to effectuate the purposes of this section in accordance with the provisions of RCW [43.20.050](#)(4) and [70.05.120](#) .

(3) If a local health officer orders the immediate involuntary detention of a person or group of persons for purposes of isolation or quarantine:

(a) The emergency detention order shall be for a period not to exceed ten days.

(b) The local health officer shall issue a written emergency detention order as soon as reasonably possible and in all cases within twelve hours of detention that shall specify the following:

(i) The identity of all persons or groups subject to isolation or quarantine;

(ii) The premises subject to isolation or quarantine;

(iii) The date and time at which isolation or quarantine commences;

(iv) The suspected communicable disease or infectious agent if known;

(v) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm; and

(vi) The medical basis on which isolation or quarantine is justified.

(c) The local health officer shall provide copies of the written emergency detention order to the person or group of persons detained or, if the order applies to a group and it is impractical to provide individual copies, post copies in a conspicuous place in the premises where isolation or quarantine has been imposed.

(d) Along with the written order, and by the same means of distribution, the local health officer shall provide the person or group of persons detained with the following written notice:

NOTICE: You have the right to petition the superior court for release from isolation or quarantine in accordance with WAC [246-100-055](#). You have a right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

(4) If a local health officer petitions the superior court *ex parte* for an order authorizing involuntary detention of a person or group of persons for purposes of isolation or quarantine pursuant to this section:

(a) The petition shall specify:

(i) The identity of all persons or groups to be subject to isolation or quarantine;

(ii) The premises where isolation or quarantine will take place;

(iii) The date and time at which isolation or quarantine will commence;

(iv) The suspected communicable disease or infectious agent if known;

(v) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;

(vi) The measures taken by the local health officer to seek voluntary compliance or the basis on which the local health officer determined that seeking voluntary compliance would create a risk of serious harm;

(vii) The medical basis on which isolation or quarantine is justified.

(b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

(c) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.

(d) The court shall hold a hearing on a petition filed pursuant to this section within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays.

(e) The court shall issue the order if there is a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.

(f) A court order authorizing isolation or quarantine as a result of an *ex parte* hearing shall:

- (i) Specify a maximum duration for isolation or quarantine not to exceed ten days;**
 - (ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;**
 - (iii) Specify factual findings warranting isolation or quarantine pursuant to this section;**
 - (iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;**
 - (v) Specify the premises where isolation or quarantine will take place; and**
 - (vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.**
- (5) A local health officer may petition the superior court for an order authorizing the continued isolation or quarantine of a person or group detained under subsections (3) or (4) of this section for a period up to thirty days.**
- (a) The petition shall specify:**
 - (i) The identity of all persons or groups subject to isolation or quarantine;**
 - (ii) The premises where isolation or quarantine is taking place;**
 - (iii) The communicable disease or infectious agent if known;**
 - (iv) The anticipated duration of isolation or quarantine based on the suspected communicable disease or infectious agent if known;**
 - (v) The medical basis on which continued isolation or quarantine is justified.**
 - (b) The petition shall be accompanied by the declaration of the local health officer attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.**
 - (c) The petition shall be accompanied by a statement of compliance with the conditions and principles for isolation and quarantine contained in WAC [246-100-045](#).**
 - (d) Notice to the persons or groups identified in the petition shall be accomplished in accordance with the rules of civil procedure.**
 - (e) The court shall hold a hearing on a petition filed pursuant to this subsection within seventy-two hours of filing, exclusive of Saturdays, Sundays, and holidays. In extraordinary circumstances and for good cause shown, the local health officer may apply to continue the hearing date for up to ten days, which continuance the court may grant at its discretion giving due regard to the rights of the affected individuals, the protection of the public's health, the severity of the public health threat, and the availability of necessary witnesses and evidence.**
 - (f) The court shall grant the petition if it finds that there is clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others.**
 - (g) A court order authorizing continued isolation or quarantine as a result of a hearing shall:**

- (i) Specify a maximum duration for isolation or quarantine not to exceed thirty days;**
 - (ii) Identify the isolated or quarantined persons or groups by name or shared or similar characteristics or circumstances;**
 - (iii) Specify factual findings warranting isolation or quarantine pursuant to this section;**
 - (iv) Include any conditions necessary to ensure that isolation or quarantine is carried out within the stated purposes and restrictions of this section;**
 - (v) Specify the premises where isolation or quarantine will take place; and**
 - (vi) Be served on all affected persons or groups in accordance with the rules of civil procedure.**
- (6) Prior to the expiration of a court order for continued detention issued pursuant to subsection (5) of this section, the local health officer may petition the superior court to continue isolation or quarantine provided:**
- (a) The court finds there is a reasonable basis to require continued isolation or quarantine to prevent a serious and imminent threat to the health and safety of others.**
 - (b) The order shall be for a period not to exceed thirty days.**
- (7) State statutes, rules, and state and federal emergency declarations governing procedures for detention, examination, counseling, testing, treatment, vaccination, isolation, or quarantine for specified health emergencies or specified communicable diseases, including, but not limited to, tuberculosis and HIV, shall supercede this section.**

[Statutory Authority: RCW [43.20.050](#) (2)(d), [70.05.050](#), and [70.05.060](#) . 03-05-048, § 246-100-040, filed 2/13/03, effective 2/13/03.]